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	U.S. PATENT DOCUMENTS							
Examiner Initials	Cite No.1	U.S. Patent Document  Number Kind Code <sup>2</sup> (# known)		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Cotumns, Lines, Where Raisvent Passages or Reisvent Figures Appear		
100		6,332,72		Hsu	12-25-01	Entire	Document	
10		6,299,3		Cheng	10-09-01	ě	21	
DW		5,040,59	90	Brandriff	08-20-91	11	11	
<i>∧</i> ~		4,597,14	16	Larin	07-01-86	11	II.	
אטו		1,387,62	25	Stein	08-16-21	п	11	
15		1,262,78	38	Heidenreich	04-16-18	11	11	
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	FOREIGN PATENT DOCUMENTS							
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